

## SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Pneumo Adex LLC  
 c/o Highest Ranking Officer at  
 3<sup>rd</sup> Street & Jefferson Ave  
 Camden, NJ 08104

## A. Signature

 *J. D. A.* Agent Addressee

## B. Received by (Printed Name)

*J. D. A.*

## C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No*2:07CV607*

## Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

## 2. Article Number

(Transfer from service label)

7003 3110 0004 0799 4929

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540